

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

In re Patent Application of

Atty Dkt. 3824-4

C# M#

HENLEY

TC/A.U.: 3624

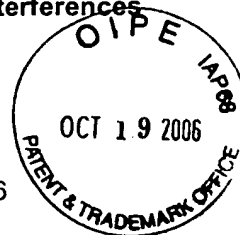
Serial No. 09/725,142

Examiner: S. Karmis

Filed: November 29, 2000

Date: October 19, 2006

Title: METHOD AND SYSTEM FOR PROVISION
AND ACQUISITION OF MEDICAL SERVICES AND PRODUCTS



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Mail Stop Appeal Brief - Patents

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

☐ **Correspondence Address Indication Form Attached.**

☐ **NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences

from the last decision of the Examiner twice/finally rejecting \$500.00 (1401)/\$250.00 (2401) \$
applicant's claim(s).

☒ An appeal **BRIEF (in triplicate)** is attached in the pending appeal of the
above-identified application \$500.00 (1402)/\$250.00 (2402) \$ 250.00

☐ Credit for fees paid in prior appeal without decision on merits \$-()

☐ A reply brief is attached. (no fee)

☐ Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)
One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$450.00 (1252)/\$225.00 (2252)
Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)
Four Month Extensions \$1590.00 (1254)/\$795.00 (2254) \$ 60.00

☐ "Small entity" statement attached.

Less month extension previously paid on \$-()

TOTAL FEE ENCLOSED \$ 310.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.
The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or
asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this
firm) to our **Account No. 14-1140**. A duplicate copy of this sheet is attached.

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10/20/2006 SZEWDIE1 00000086 09725142

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**UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES**

In re Patent Application of

HENLEY

Atty. Ref.: 3824-4

Serial No. 09/725,142

TC/A.U.: 3639

Filed: November 29, 2000

Examiner: S. Karmis

For: METHOD AND SYSTEM FOR PROVISION

AND ACQUISITION OF MEDICAL SERVICES AND PRODUCTS

September 19, 2006

Mail Stop Appeal Brief - Patents

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

APPEAL BRIEF

Sir:

Appellant hereby **appeals** to the Board of Patent Appeals and Interferences from
the last decision of the Examiner (final Office action of June 19, 2000).

10/20/2006 SZEWDIE1 00000086 09725142

01 FC:2402

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(I) **REAL PARTY IN INTEREST**

The real party in interest is Med Bid Exchange, LLC a public limited company, a corporation of the state of Connecticut, United States of America.

(II) RELATED APPEALS AND INTERFERENCES

The appellant, the undersigned, and the assignee are not aware of any related appeals, interferences, or judicial proceedings (past or present), which will directly affect or be directly affected by or have a bearing on the Board's decision in this appeal.

HENLEY -- Serial No. 09/725,142

(III) STATUS OF CLAIMS

Claims 1-17, 21, 30-35 and 50-60 are pending and have been rejected. No claims have been substantively allowed.

(IV) STATUS OF AMENDMENTS

An Amendment was filed on March 23, 2006. Claim 35 was amended so as to give greater emphasis to certain novel and patentable features set forth in the claim. No amendments have been filed since the June 19, 2006 Final Rejection.

(V) **SUMMARY OF CLAIMED SUBJECT MATTER**

The invention of the claims relates to a method and system for implementing an electronic auction of medical services and products via the Internet and for automatically authenticating the qualifications of providers who place their medical services and products up for bids in the auction. A listing of each independent claim, each dependent claim argued separately and each claim having means plus function language is provided below including exemplary reference(s) to page and line number(s) of the specification.

1. An online computerized method for arranging scheduled delivery of personal medical services [pg. 4, ll. 2-11; pg. 19, l. 21 – pg. 22, l. 2] from a provider having verified qualifications [pg. 4, ll. 7-11; pg. 24, l. 13 – pg. 25, l. 18], said method comprising:

registering a medical service provider and automatically authenticating qualifications of said medical service provider to perform a proffered medical service upon obtaining registration information from said provider [pg. 20, ll. 10-16; pg. 24, l. 6 – pg. 25, l. 8; pg. 28, ll. 19-21; pg. 36, ll. 11-25];

posting online at least one proffered personal medical service in association with a provider of such service after having verified the service provider's qualifications for providing such service [pg. 25, ll. 9-18; pg. 27, ll. 10-13]; and

receiving online bids for such service as proffered by prospective users of such service [pg. 26, ll. 9-16].

2. An online computerized method as in claim 1 wherein said posting includes proffered specifications received in association with provision of said proffered service [pg. 15, ll. 3-7; pg. 21, ll. 3-9].

3. An online computerized method as in claim 2 wherein said proffered specifications include price, time and location for provision the service [pg. 21, ll. 3-9].

4. An online computerized method as in claim 3 wherein said price is automatically computed based on at least one: (a) projected future utilization of the service provider's facility, (b) a predetermined minimum price, and (c) a predetermined base price [pg. 17, l. 1 – pg. 19, l. 20].

5. An online computerized method as in claim 4 wherein said price is computed as a function of the base price plus a fraction of the difference between the minimum price and the base price, said fraction being related to projected future utilization of the service provider's facility [pg. 17, ll. 16-25].

6. An online computerized method as in claim 3 wherein said proffered specifications include conditions precedent to the provision of said service, said conditions precedent including the health and suitability of the prospective user for receiving the proffered service [pg. 18, ll. 4-14; pg. 21, l. 25 – pg. 22, l. 2].

7. An online computerized method as in claim 3 further comprising:
in response to tentative online agreement between a prospective service provider and a prospective user, providing contract details to the provider and/or user to permit

direct follow-up communication therebetween to finalize the tentative online agreement [pg. 21, ll. 25 - pg. 22, l. 2].

8. An online computerized method as in claim 3 wherein said proffered specifications include terms of payment [pg. 15, ll. 3-7].

9. An online computerized method as in claim 8 wherein said terms of payment include a requirement for at least partial advance payment before the service is provided [pg. 15, ll. 3-8] .

10. An online computerized method as in claim 1 further comprising:
obtaining online information about the service provider as supplied by prior users of such service provider and making such information available online to prospective bidders for such service [pg. 11, ll. 22-26; pg. 42, l. 25 – pg. 43, l. 9].

11. An online computerized method as in claim 1 wherein said posting includes a posting of feedback information about the service provider as supplied by prior users of such service provider [pg. 10, ll. 14-26; pg. 28, ll. 5-10; pg. 42, l. 25 – pg. 43, l. 9].

12. An online computerized method as in claim 1 further comprising:
obtaining online information about the prospective user's health and/or financial condition and supplying such information to said service provider for use in determining an online response to the prospective user's bid for service provision [pg. 38, l. 22 – pg. 39, l. 20; pg. 42, l. 25 – pg. 43, l. 18].

13. An online computerized method as in claim 1 further comprising:
providing CPT and/or ICD-9 coding support for use in selecting proffered medical services [pg. 44, ll. 3-21].

14. An online computerized method as in claim 1 wherein said posting includes a posting of CPT and/or ICD-9 codes associated with proffered medical services [pg. 44, ll. 3-21].

15. An online computerized method as in claim 1 further comprising:
obtaining a performance price of donated and/or discounted services performed by a provider of a personal medical service for use in logging or tracking tax credit information.

16. An online computerized method as in claim 1 wherein said receiving online bids includes limiting received bids for a particular proffered service to a predetermined response time window [pg. 27, l. 24 – pg. 28, l. 25].

17. An online computerized method as in claim 16 wherein said response time window is dependent upon a receiving time of a previous bid [pg. 21, ll. 3-9; pg. 27, l. 3 – pg. 28, l. 25].

Claims 18-20 – cancelled without prejudice or disclaimer.

21. An online computerized method for arranging delivery of medical services [pg. 4, ll. 2-11; pg. 19, l. 21 – pg. 22, l. 2] to prospective patients having ascertained

health and/or financial condition information associated therewith, said method comprising:

posting online at least one medical service provider along with an associated proffered medical service [pg. 25, ll. 9-18; pg. 27, ll. 10-13];

receiving online bids as proffered by prospective patients of a service provider for delivery of a specified medical service [pg. 26, ll. 9-16];

in response to receiving an online bid, automatically accessing a maintained database and/or one or more online commercial data resources to obtain information describing the health and/or financial condition of a bid-submitting prospective patient [pg. 26, ll. 3-14; pg. 35, l. 19 – pg. 36, l. 2]; and

forwarding a received online bid to an associated medical service provider together with the information describing the health and/or financial condition of the prospective patient associated with said forwarded bid.

Claims 22-29 – cancelled without prejudice or disclaimer.

30. A computerized method for selling a qualified personal medical service selected from a menu of authenticated qualified personal medical services, the menu of authenticated qualified medical services being accessible to prospective buyers of personal medical services [pg. 23, ll. 17-23], comprising the steps performed by a computer of:

(a) receiving from one or more medical service providers an offer to sell a specified personal medical service included within the menu of medical services at a specified offering price [pg. 24, ll. 3-12];

(b) accessing one or more online commercial database sources containing medical certifications data and verifying the authenticity of qualifications of the medical service provider to provide the specified personal medical service [pg. 24, ll. 13-23]; and

(c) if qualified, posting the offer to sell the specified personal medical service and the specified offering price in a database of authenticated qualified medical services that is accessible to a plurality of prospective buyers [pg. 25, ll. 9-18].

31. A method for selling a qualified personal medical service as in claim 30 further comprising enrolling a plurality of sellers of medical services using an Internet accessible on-line registration system [pg. 24, ll. 6-12].

32. A method for selling a qualified personal medical service as in claim 30 further comprising enrolling a plurality of buyers of medical services using an Internet accessible on-line registration system [pg. 23, l. 24 – pg. 24, l. 2; pg. 26, ll. 3-9].

33. A method as in claim 30 further comprising receiving an offer to buy the qualified medical service posted on the database from a first buyer, said offer to buy including a specified purchase price [pg. 26, ll. 9-12].

34. A method as in claim 33 further comprising:

comparing the specified purchase price in the offer to buy with the specified offering price of the specified medical service [pg. 27, ll. 14-20], and

if the specified purchase price is greater than or equal to the specified offering price, storing the offer to buy received from the first buyer on a computer readable medium and communicating the offer to buy to the medical service provider [pg. 26, ll. 3-16].

35. A system enabling a qualified medical service provider that has been authenticated as qualified to offer a specified medical service for sale to a plurality of prospective buyers of the specified personal medical service [pg. 19, l. 21 – pg. 20; Fig. 7], said system comprising:

- (a) a computer having an on-line connection [pg. 14, ll. 24-25; Fig. 1];
- (b) a computer-readable storage device connected to said computer [Fig. 1, Fig. 7];
- (c) a program for controlling said computer [Fig. 8, Fig. 10];
- (d) a register associated with said computer for establishing a computer-readable medical service provider identification code associated to a medical service provider [Fig. 7]; and
- (e) a service provider qualifier database accessible by said computer [Fig. 7], said qualifier database containing information for identifying one or more medical service providers having credentials previously verified as acceptable for rendering said specified medical service and/or information for automatically verifying credentials of said service providers via other on-line sources; wherein the program is operable for causing the computer to:

- (i) receive an on-line offer to sell the specified medical service and receive said medical service provider identification code from the medical service provider for verifying the identity of said medical service provider [pg. 24, ll. 3-13];
- (ii) verify that the medical service provider is qualified to provide the offered specified medical service by using information stored in said service provider qualifier database [pg. 24, ll. 13-23]; and
- (iii) post an offer to sell the specified medical service proffered by a service provider verified in step (ii) on a database that is accessible for on-line viewing by a plurality of prospective buyers of the specified medical service [pg. 27, ll. 3-15].

Claims 36-49 – cancelled without prejudice or disclaimer.

50. An online computerized method for arranging delivery of personal medical services [pg. 4, ll. 2-11] with provision of online patient-compliance feedback information from a medical service provider for future use in evaluating future bids for delivery of personal medical services [pg. 43, ll. 10-17], said method comprising:

registering at least one medical service provider [pg. 20, ll. 10-16];

posting online at least one proffered personal medical service in association with a registered provider of such service [pg. 25, ll. 9-18];

receiving online bids for such service as proffered by prospective patients of such service provider [pg. 26, ll. 9-16]; and

after such service is provided to a prospective patient, receiving online and collecting into a database feedback information from such service provider regarding compliance of said patient with recommended medical procedures and/or physician instructions as given by such provider during course of treatment [pg. 43, ll. 10-17].

51. An online computerized method as in claim 50 wherein said patient-compliance feedback information is made available online to other service providers [pg. 36, ll. 12-14; pg. 43, ll.10-18].

52. An online computerized method for arranging delivery of personal medical services [pg. 4, ll. 2-11; pg. 19, l. 21 – pg. 22, l. 2] with provision of online transaction outcome feedback information from a medical service provider for future use in evaluating future bids for delivery of personal medical services [pg. 36, ll. 11-14; pg. 43, ll. 10 – 17], said method comprising:

registering at least one medical service provider [pg. 20, ll. 10-16];

posting online at least one proffered personal medical service in association with a registered provider of such service [pg. 25, ll. 9-18; pg. 27, ll. 10-13];

receiving online bids for such service as proffered by prospective patients of such service provider [pg. 26, ll. 9-16]; and

after such service is provided to a prospective patient, receiving online and collecting into a database feedback information from such service provider describing a resultant outcome of providing a proffered medical service to said patient, wherein said

feedback information is made available online at least to other prospective patients [pg. 36, ll. 11-14; pg. 42, ll. 25-26; pg. 43, ll. 10 – 17; and Fig. 19].

53. An online computerized method as in claim 52 wherein said transaction outcome feedback information is made available online to said service provider [pg. 28, ll. 5-10 and Fig. 7; pg. 42, ll. 25-26].

54. An online computerized method for arranging delivery of personal medical services [pg. 4, ll. 2-11; pg. 19, l. 21 – pg. 22, l. 2] with provision of online transaction outcome feedback information from a treated patient for future use in evaluating possible future bids for delivery of personal medical services [pg. 36, ll. 11-14; pg. 42, l. 25 – pg. 43, l. 9], said method comprising:

registering at least one medical service provider [pg. 20, ll. 10-16];

posting online at least one proffered personal medical service in association with a registered provider of such service [pg. 25, ll. 9-18; pg. 27, ll. 10-13];

receiving online bids for such service as proffered by prospective patients of such service provider [pg. 26, ll. 9-16]; and

after such service is provided to a prospective patient, receiving online and collecting into a database feedback information from said patient describing a resultant outcome of receiving a proffered medical service from such service provider, wherein said information is made available online at least to other prospective patients [pg. 36, ll. 11-14; pg. 42, l. 25 – pg. 43, l. 9; and Fig. 18].

55. An online computerized method as in claim 54 wherein said outcome feedback information is made available online to other prospective patients by posting said information online in association with said provider of such service [pg. 28, ll. 5-10 and Fig. 7; pg. 42, ll. 25-26.]

56. An online computerized method for arranging delivery of personal medical services [pg. 4, ll. 2-11; pg. 19, l. 21 – pg. 22, l. 2] with provision of online general transaction feedback information from a treated patient for future use in evaluating possible future bids for delivery of personal medical services [pg. 36, ll. 11-14; pg. 42, l. 25 – pg. 43, l. 9], said method comprising:

registering at least one medical service provider [pg. 20, ll. 10-16];

posting online at least one proffered personal medical service in association with a registered provider of such service [pg. 25, ll. 9-18; pg. 27, ll. 10-13];

receiving online bids for such service as proffered by prospective patients of such service provider [pg. 26, ll. 9-16]; and

after such service is provided to a prospective patient, receiving online and collecting into a database general transaction feedback information from said patient in the form of comments regarding such service provider, wherein said feedback information is made available online at least to other prospective patients [pg. 36, ll. 11-14; pg. 42, l. 25 – pg. 43, l. 9; and Fig. 18].

57. An online computerized method as in claim 56 wherein said general transaction feedback information is made available online to other prospective patients by

posting said information online in association with said provider of such service [pg. 28, ll. 5-10 and Fig. 7; pg. 42, ll. 25-26.].

58. An online computerized method for arranging delivery of personal medical services [pg. 4, ll. 2-11; pg. 19, l. 21 – pg. 22, l. 2] at a price which can be adjusted in a pre-arranged manner if unexpected circumstances arise in the delivery of such services, said method comprising:

registering at least one medical service provider [pg. 20, ll. 10-16];

posting online at least one proffered personal medical service in association with a registered provider of such service [pg. 25, ll. 9-18; pg. 27, ll. 10-13];

receiving online bids for such service as proffered by prospective patients of such service provider for stated prices [pg. 26, ll. 9-16]; and

after a provider accepts a bid price for such proffered service, if a different or altered service is required to be rendered in response to said bid, computing an adjusted bid price based on a relative value multiplier, wherein said relative value multiplier is based upon a conventional procedural CPT code Relative Value Scale [pg. 43, ll. 19 – pg. 44, l. 26].

59. An online computerized method as in claim 58 wherein said conventional procedural CPT code Relative Value Scale information is made available online to prospective patients [pg. 44, l. 1 – 26].

60. An online computerized method as in claim 58 wherein said adjusted bid price scale information is made available online to a patient receiving such rendered service [pg. 44, l. 1 – 26].

Claims 61-64 – cancelled without prejudice or disclaimer.

(VI) GROUND OF REJECTION TO BE REVIEWED ON APPEAL

Claims 1-9, 12-17, 21 and 30-35 stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over DiRienzo (U.S. Patent No. 6,006,191, hereinafter "DiRienzo") in view of Newman et al. (U.S. Patent No. 6,035,276, hereinafter "Newman").

Claims 10-11 and 50-57 stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over DiRienzo in view of Newman et al. in further view of Feinberg (U.S. Patent No. 6,366,891, hereinafter "Feinberg").

Claims 58-60 stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over DiRienzo in view of Newman et al. in further in view of Rackson (U.S. Patent 6,415,270), hereinafter "Rackson").

(VII) ARGUMENT

In addition to the Arguments presented herein, attached at section (XI) is a short letter from the Inventor, Dr. Julian L. Henley, which he has requested that the Examiner and Board Of Appeal members take into consideration.

Appellant's claimed computerized method and system for provision and acquisition of medical services and products provides an efficient and economical online environment enabling both sellers and potential purchasers of personal medical services to significantly reduce transactional costs associated with finding, obtaining and delivering personal medical services. Through the implementation of an online (e.g., Internet accessible) auction forum for bartering for personal professional medical services, appellant's claimed computerized method and system promotes efficiency in transactions for the provision of personal professional medical services by allowing prospective patients to personally evaluate, select and negotiate directly with physicians/medical service providers — effectively cutting out any “middle-man” transactional costs and facilitating an improvement in a patient's choice of providers and professional medical services. The competitive online auctioning environment of Appellant's claimed method and system works effectively to exert market forces on the cost of providing and delivering personal medical services to reduce overall expenses for both the patient consumers and the professional medical service providers.

Although online auction systems in general have been implemented in the past, a practical market-driven system that permits efficient buying and selling of personal medical services has yet to be realized by others and, prior to Appellant's claimed

method and system, was not known or revealed in the cited prior art. As set forth in the claims of the current application, Appellant's method and system encourages efficient buying and selling of personal medical services and enhances the online auctioning environment by implementing, among other things, at least the following features that are not taught or suggested anywhere in the cited prior art:

- enables patients to easily search for and find qualified physicians whose credentials are automatically verified by the system;
- provides automated authenticating/verification of a provider's qualifications for performing a particular medical service and makes that information available to a user prior to bidding for services;
- enables users to post "feedback" regarding the quality/results of the medical service received from particular providers so that this information can be viewed by others online;
- permits medical service providers to post certain information about a patient's compliance with a prescribed therapy so that it may be viewed by other service providers;
- provides an automated adjusting of prices for provided medical services that ultimately needed to be altered/modified from an original service that was the basis of a particular bid;
- automatically accesses online one or more data sources to obtain information describing the health or financial condition of a prospective

patient and allows for forwarding that information along with a bid for services to a selected service provider.

Claims 1-9, 12-17, 21 and 30-35 are not made "obvious" under 35 U.S.C. §103(a) over DiRienzo in view of Newman.

In order to establish a *prima facie* case of obviousness, all of the claim limitations must be taught or suggested by the prior art. The DiRienzo '191 and Newman et al. '276 patents (considered either alone or together) fail to teach or suggest all limitations of independent claims 1, 30 and 35. In particular, at least one novel and patentable feature of independent claims which DiRienzo and Newman et al. fail to teach or suggest is the automatic *verification* of a service provider's purported qualifications (i.e., medical credentials) for providing the particular services that are posted by that provider. For example, independent claim 1 requires "registering ... and *automatically authenticating* qualifications of said medical service provider ... upon obtaining registration information from said provider" (emphasis added). Appellant contends that a *prima facie* case of obviousness is not met at least because neither DiRienzo nor Newman et al., considered either alone or together, disclose or suggest an online computerized method for arranging delivery of personal medical services that provides for *automatically authenticating qualifications* of a service provider (i.e., automatic verification of the service provider's "credentials") to perform a particular proffered personal medical service, as set forth in independent claims 1, 30 and 35.

As noted by the Examiner in the Office Action mailed 9/23/05, "DiRienzo fails to teach registering a medical service provider and automatically authenticating qualification of said medical service provider to perform a proffered medical service upon obtaining registration information". (See 9/23/05 office action at page 8.) A Final Office Action mailed 6/19/2006 alleges that Newman et al. "teaches a medical practitioner credentialing system" and "provides a method to electronically store a common set of credentialing information relating to physicians who must have their credentials verified for use in automatically generating a plurality of different provider application forms having different formats (column 3, lines 10-17)." The Final Office Action further states:

"This information is provided in a credentialing information database and used in completing application forms (column 3, lines 35-45). In the instant application, a medical provider registers and has their qualifications checked with those in a qualifier database (page 20 of the specification¹). The Examiner contends that Newman teaches "automatically authenticating qualifications of said medical service provider...upon obtaining registration information from said provider" because Newman's application is a registering procedure that creates a database of doctor credential information. The database is consistent with the teachings of the instant application since it is able to authenticate the medical provider qualifications."

Appellant respectfully disagrees with this contention and, in particular, with the Examiner's characterization of Newman et al. as teaching the *verification* of provider credentials. It is respectfully submitted that by contending in the Final Office Action that

¹ Page 20 of Appellant's patent specification defines the term "qualifier database" as "an electronically accessible computer-readable storage medium *containing authentic certification data for medical service providers*. Some examples of qualifier databases include the AMA's membership roster, a State Medical Licensing Board's roster of licensed physicians, the American College of Surgeons roster of board certified surgeons and a roster of Board Certified Plastic and Reconstructive Surgeons, as well as specific hospital staff privileges roster" (emphasis added).

Newman et al. discloses a registering procedure “which is able to authenticate the medical provider qualifications” and by applying Newman et al. as a teaching of performing an actual authentication/verification of credentials, the Examiner has grossly misinterpreted the above cited column 3, lines 35-45 of Newman et al.

Newman et al. does not teach or suggest performing an automatic verification or an authentication of a physician’s credentials. Basically, Newman et al. describes a system only for creating and storing “credentialing profiles” of physicians for the purpose of assisting physicians with the completion of “credentialing application forms” which are automatically filled-in and selectively generate one of a variety of different possible formats of credentialing application forms tailored to the particular requirements of different health care provider organizations, credential managing organizations or insurance companies, etc.— each of whom must separately and individually perform primary source verification of the submitted credentials information. (See, for example, the Newman et al. patent at column 1, lines 27-51 and column 2, lines 7-16.)

“Credentials verification is a related process whereby health care provider organizations verify the accuracy of the information contained in application forms submitted by physicians seeking appointment or re-appointment with the provider organization. Usually, to complete the credentials verification process, it is necessary to access several different sources to verify the information. Such sources may include, for example, state licensing boards, medical schools, the American Board of Medical Specialties, and the National Practitioner Data Bank. As required by governmental rules and regulations, each health care provider organization must individually and independently perform primary source verification and are prohibited from sharing the gathered information with other similarly situated provider organizations.”

– Newman et al. patent at column 1, lines 37-51.

Newman et al. does not teach or suggest performing the actual credentials verification process or the accessing of authentic certification databases or the providing of other any means for obtaining certification of the credentialing profiles database that it creates. Essentially, Newman et al. discloses an on-line form filler program that uses a type of "universal application form", which once completed by the physician, is then used to automatically generate a filled-out form of preselected format — but in no way teaches or suggests automatically obtaining authenticated/verified credentials information or performing the actual process of verification or authentication of a particular physician/provider's credentials information.

Consequently, the Newman et al. system can not authenticate or verify a medical service provider's qualifications/credentials because the database that it creates is not a "qualifier" database of the type that contains authentic official state/medical board certification data of physicians and medical service providers. All of the "physician credentialing profiles" stored in the Newman et al. system database are based on information provided by the physician on a "universal application form". (See Newman et al. at column 2, lines 42-46.) Indeed, Newman et al. is clearly distinguished from Appellant's claims as evidenced, for example, by its stating that "the presently preferred method of the invention provides a method to electronically store a common set of credentialing information relating to physicians ... for use in automatically generating a plurality of different provider application forms having different formats." (Newman '276 patent at column 3, line 11). Accordingly, there is no suggestion of performing

automated verification or authentication of a provider's credentials in either DiRienzo or Newman et al. In addition, neither DiRienzo nor Newman et al. disclose or suggest posting the proffered personal medical service online after having verified the service provider's qualifications for providing such service, as required by independent claims 1, 30 and 35.

Contrary to the Examiner's contention in the Final Office Action, even having the full benefit of all that DiRienzo and Newman et al. disclose, there is insufficient suggestion or motivation to combine these references at least because neither discuss automatic verification of a physician's credentials. Moreover, even if the DiRienzo system could be modified arguendo (in hindsight), the Newman et al. system database is not a "qualifier database" and does not contain authentic certification data of the type maintained by the AMA or, for example, a state medical licensing board. Consequently, any such modification would not result in a system capable of performing automatic authentication or verification of a service provider's qualifications as required by independent claims 1, 30 and 35, or the automated accessing and retrieval of a bid-submitting patient's health and financial information required by independent claim 21.

No cited reference provides a factual basis for suggesting what is alleged in the Office Action as being obvious, i.e., no teaching has been provided that suggests modifying DiRienzo's medical image exchange system to perform automatic verification of service provider credentials, as required in at least independent claims 1, 30 and 35, or retrieval of a bid-submitting patient's health/financial information, as required in

independent claim 21. Thus, the Final Office Action sets forth a mere unsupported conclusion of obviousness, not a factual record suggesting the alleged obviousness of the claimed invention. It is axiomatic that the Examiner has a burden under §103 to establish at least prima facie case of obviousness. See *In re Piasecki*, 745 F.2d 1468, 1471-72, 223 USPQ 785, 787-88 (Fed. Cir. 1984).

Independent claim 21 requires automatically accessing online one or more data sources to obtain information describing the health and/or financial condition of the prospective patient and forwarding that information along with the bid for services to an associated service provider. Neither the DiRienzo nor Newman et al., considered either alone or together, disclose or suggest automatically accessing a maintained database or an online commercial data resource to obtain health or financial condition of a prospective patient. Although, DiRienzo may enable a diagnostic physician to access a patient's medical image so that it may ultimately be analyzed to develop a diagnosis or treatment, it does not disclose providing automatic access to "information describing the health and/or financial condition of a bid-submitting prospective patient", as required by claim 21. Likewise, Newman et al. also fail to teach or suggest automatic access of such information and the forwarding of such information to a provider along with a bid, as set forth in claim 21.

Similarly, independent claim 30, recites steps *performed by a computer* (i.e., not by the service provider or an on-line consumer) of "accessing one or more online commercial database sources containing medical certifications data and *verifying the*

authenticity of qualifications of the medical service provider" (emphasis added). Neither DiRienzo nor Newman et al. disclose or suggest such features.

With respect to independent claim 35, neither DiRienzo nor Newman et al. disclose or suggest the claimed features of: "establishing a computer-readable medical service provider identification code" or a computer programmed to "receive said medical service provider identification code from the medical service provider for verifying the identity of medical said service provider" or a computer programmed to "verify that the medical service provider is qualified to provide the offered specified medical service by using information stored in said service provider qualifier database", as set forth in Appellant's independent claim 35 as currently amended.

Claims 2-17 and 31-34 are dependent on independent claims 1 and 30 and since neither DiRienzo nor Newman et al. teach or suggest the features or steps as discussed above and set forth in Appellant's' claims 1 and 30, these dependent claims are patentable by definition over the combined teachings of these references.

In regard to the rejection of dependent claim 5, the asserted "official notice" that "determining pricing on factors is old and well known in the art" has not been substantiated in the relevant art of marketing medical services. Furthermore, the resulting conclusion that "[T]herefore it would have been obvious ... to modify the teachings of DiRienzo and include pricing factors such as projected future utilization, facilities, minimum price and base price..." is totally unsupported. There is simply no teaching or

suggestion in the cited prior art to compute an adjusted bid price based on factors as specified in claim 5. Likewise, with respect to dependent claims 8, 9, 13 and 14, the "official notice" asserted against these claims is also unsubstantiated. There is clearly no teaching or suggestion in the cited prior art of the particular additional features set forth in these claims. Appellant, has therefore, respectfully requested that the Examiner formally document each of the "official notice" allegations asserted with respect to claims 5, 8, 9, 13 and 14, in accordance with standard MPEP provisions—but so far to no avail.

Claims 10-11 and 50-57 are not made "obvious" under 35 U.S.C. §103(a) over DiRienzo in view of Newman et al. in further view of Feinberg.

The Feinberg '891 reference is applied as allegedly teaching "an auction between buyers and sellers in which buyers may leave comments concerning a sellers service". (See Final Office Action at page 5.)

Dependent claims 10 and 11 are patentable over the combined teachings of these references for at least the reasons as set forth above with respect to their parent independent claim 1. Claims 50-53 are directed toward feedback information from a *service provider* about the *patient* (a winning bidder and purchaser), i.e., this information is not about the seller/service provider. Moreover, the information is acquired after a service has been provided regarding compliance of the patient and resulting outcome of the treatment. Such claimed features are not even remotely taught or suggested by Feinberg or any of the cited prior art. With respect to claims 54-55, these claims are also

directed toward feedback information, but in this case, from a patient (i.e., a purchaser not a *seller*) describing a resultant outcome of the treatment.

Independent claims 50 and 52 distinguish over Feinberg, DiRienzo and Newman et al. at least in the aspect that these claims require posting and providing online access to feedback information *from a medical service provider* about a *patient*. Such a feature may be useful, for example, to help a prospective future medical service provider assess whether or not it would want to accept a particular bidder as a patient. Neither DiRienzo nor Newman et al. nor Feinberg, considered either alone or together, disclose or suggest the claimed collecting into a database feedback information obtained from a service provider regarding a patient's compliance with medical procedures or the resultant outcome of providing the proffered medical service to the patient, as respectively set forth in claims 50 and 52.

With respect to independent claims 54 and 56, attention is directed to the claimed feature of "registering at least one medical service provider." In addition, neither DiRienzo nor Newman et al. teach or suggest "collecting into a database...feedback information...made available online", as required by both claims 54 and 56.

Moreover, in regard to Appellant's claims 56-57, the Examiner in the Final Office Action improperly relies on hindsight reconstruction based on the teachings of the instant applicant. Actually, even having the benefit of Feinberg along with DiRienzo and Newman et al. would not have suggested to one of only ordinary skill in the art (at the

time of Appellant's invention) to modify the DiRienzo system to provide a transaction feedback database arrangement as required in these claims.

Claims 58-60 are not made "obvious" under 35 U.S.C. §103(a) over DiRienzo in view of Newman et al. in further view of Rackson.

The Rackson '270 reference is applied as allegedly teaching "computing an adjusted bid price based on certain factors considered during a service transaction" and that "the adjustment can be done automatically by retrieving corresponding data elements." (See Final Office Action at page 6.) Neither Rackson nor any prior art of record, considered either alone or together, teaches or suggests the computing of an adjusted bid price based on a relative value multiplier to a CPT code Relative Value Scale if it is determined that after a bid price acceptance a different or altered procedure or service must be performed, as required by independent claim 58. Consequently, the Examiner must be improperly relying upon hindsight reconstruction of the claimed invention—even relying upon non-existent selections of bits and pieces erroneously alleged to be present in the cited prior art documents.

Appellant thus requests that the rejection of claims 1-17, 21, 30-35 and 50-60 under 35 U.S.C. §103 be reversed.

CONCLUSION

In conclusion it is believed that the application is in clear condition for allowance; therefore, early reversal of the Final Rejection and passage of the subject application to issue are earnestly solicited.

Respectfully submitted,

NIXON & VANDERHYE P.C.

By:



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(VIII) CLAIMS APPENDIX

1. An online computerized method for arranging scheduled delivery of personal medical services from a provider having verified qualifications, said method comprising:

 registering a medical service provider and automatically authenticating qualifications of said medical service provider to perform a proffered medical service upon obtaining registration information from said provider;

 posting online at least one proffered personal medical service in association with a provider of such service after having verified the service provider's qualifications for providing such service; and

 receiving online bids for such service as proffered by prospective users of such service.

2. An online computerized method as in claim 1 wherein said posting includes proffered specifications received in association with provision of said proffered service.

3. An online computerized method as in claim 2 wherein said proffered specifications include price, time and location for provision the service.

4. An online computerized method as in claim 3 wherein said price is automatically computed based on at least one: (a) projected future utilization of the service provider's facility, (b) a predetermined minimum price, and (c) a predetermined base price.

5. An online computerized method as in claim 4 wherein said price is computed as a function of the base price plus a fraction of the difference between the minimum price and the base price, said fraction being related to projected future utilization of the service provider's facility.

6. An online computerized method as in claim 3 wherein said proffered specifications include conditions precedent to the provision of said service, said conditions precedent including the health and suitability of the prospective user for receiving the proffered service.

7. An online computerized method as in claim 3 further comprising:
in response to tentative online agreement between a prospective service provider and a prospective user, providing contract details to the provider and/or user to permit direct follow-up communication therebetween to finalize the tentative online agreement.

8. An online computerized method as in claim 3 wherein said proffered specifications include terms of payment.

9. An online computerized method as in claim 8 wherein said terms of payment include a requirement for at least partial advance payment before the service is provided.

10. An online computerized method as in claim 1 further comprising:

obtaining online information about the service provider as supplied by prior users of such service provider and making such information available online to prospective bidders for such service.

11. An online computerized method as in claim 1 wherein said posting includes a posting of feedback information about the service provider as supplied by prior users of such service provider.

12. An online computerized method as in claim 1 further comprising:
obtaining online information about the prospective user's health and/or financial condition and supplying such information to said service provider for use in determining an online response to the prospective user's bid for service provision.

13. An online computerized method as in claim 1 further comprising:
providing CPT and/or ICD-9 coding support for use in selecting proffered medical services.

14. An online computerized method as in claim 1 wherein said posting includes a posting of CPT and/or ICD-9 codes associated with proffered medical services.

15. An online computerized method as in claim 1 further comprising:
obtaining a performance price of donated and/or discounted services performed by a provider of a personal medical service for use in logging or tracking tax credit information.

16. An online computerized method as in claim 1 wherein said receiving online bids includes limiting received bids for a particular proffered service to a predetermined response time window.

17. An online computerized method as in claim 16 wherein said response time window is dependent upon a receiving time of a previous bid.

Claims 18-20 – cancelled without prejudice or disclaimer.

21. An online computerized method for arranging delivery of medical services to prospective patients having ascertained health and/or financial condition information associated therewith, said method comprising:

posting online at least one medical service provider along with an associated proffered medical service;

receiving online bids as proffered by prospective patients of a service provider for delivery of a specified medical service;

in response to receiving an online bid, automatically accessing a maintained database and/or one or more online commercial data resources to obtain information describing the health and/or financial condition of a bid-submitting prospective patient; and

forwarding a received online bid to an associated medical service provider together with the information describing the health and/or financial condition of the prospective patient associated with said forwarded bid.

Claims 22-29 – cancelled without prejudice or disclaimer.

30. A computerized method for selling a qualified personal medical service selected from a menu of authenticated qualified personal medical services, the menu of authenticated qualified medical services being accessible to prospective buyers of personal medical services, comprising the steps performed by a computer of:

- (a) receiving from one or more medical service providers an offer to sell a specified personal medical service included within the menu of medical services at a specified offering price;
- (b) accessing one or more online commercial database sources containing medical certifications data and verifying the authenticity of qualifications of the medical service provider to provide the specified personal medical service; and
- (c) if qualified, posting the offer to sell the specified personal medical service and the specified offering price in a database of authenticated qualified medical services that is accessible to a plurality of prospective buyers.

31. A method for selling a qualified personal medical service as in claim 30 further comprising enrolling a plurality of sellers of medical services using an Internet accessible on-line registration system.

32. A method for selling a qualified personal medical service as in claim 30 further comprising enrolling a plurality of buyers of medical services using an Internet accessible on-line registration system.

33. A method as in claim 30 further comprising receiving an offer to buy the qualified medical service posted on the database from a first buyer, said offer to buy including a specified purchase price.

34. A method as in claim 33 further comprising:
comparing the specified purchase price in the offer to buy with the specified offering price of the specified medical service, and
if the specified purchase price is greater than or equal to the specified offering price, storing the offer to buy received from the first buyer on a computer readable medium and communicating the offer to buy to the medical service provider.

35. A system enabling a qualified medical service provider that has been authenticated as qualified to offer a specified medical service for sale to a plurality of prospective buyers of the specified personal medical service, said system comprising:

- (a) a computer having an on-line connection;
- (b) a computer-readable storage device connected to said computer;
- (c) a program for controlling said computer;
- (d) a register associated with said computer for establishing a computer-readable medical service provider identification code associated to a medical service provider; and
- (e) a service provider qualifier database accessible by said computer, said qualifier database containing information for identifying one or more medical service providers having credentials previously verified as acceptable for rendering said specified

medical service and/or information for automatically verifying credentials of said service providers via other on-line sources; wherein the program is operable for causing the computer to:

- (i) receive an on-line offer to sell the specified medical service and receive said medical service provider identification code from the medical service provider for verifying the identity of said medical service provider;
- (ii) verify that the medical service provider is qualified to provide the offered specified medical service by using information stored in said service provider qualifier database; and
- (iii) post an offer to sell the specified medical service proffered by a service provider verified in step (ii) on a database that is accessible for on-line viewing by a plurality of prospective buyers of the specified medical service.

Claims 36-49 – cancelled without prejudice or disclaimer.

50. An online computerized method for arranging delivery of personal medical services with provision of online patient-compliance feedback information from a medical service provider for future use in evaluating future bids for delivery of personal medical services, said method comprising:

registering at least one medical service provider;

posting online at least one proffered personal medical service in association with a registered provider of such service;

receiving online bids for such service as proffered by prospective patients of such service provider; and

after such service is provided to a prospective patient, receiving online and collecting into a database feedback information from such service provider regarding compliance of said patient with recommended medical procedures and/or physician instructions as given by such provider during course of treatment.

51. An online computerized method as in claim 50 wherein said patient-compliance feedback information is made available online to other service providers.

52. An online computerized method for arranging delivery of personal medical services with provision of online transaction outcome feedback information from a medical service provider for future use in evaluating future bids for delivery of personal medical services, said method comprising:

registering at least one medical service provider;

posting online at least one proffered personal medical service in association with a registered provider of such service;

receiving online bids for such service as proffered by prospective patients of such service provider; and

after such service is provided to a prospective patient, receiving online and collecting into a database feedback information from such service provider describing a resultant outcome of providing a proffered medical service to said patient, wherein said feedback information is made available online at least to other prospective patients.

53. An online computerized method as in claim 52 wherein said transaction outcome feedback information is made available online to said service provider.

54. An online computerized method for arranging delivery of personal medical services with provision of online transaction outcome feedback information from a treated patient for future use in evaluating possible future bids for delivery of personal medical services, said method comprising:

registering at least one medical service provider;

posting online at least one proffered personal medical service in association with a registered provider of such service;

receiving online bids for such service as proffered by prospective patients of such service provider; and

after such service is provided to a prospective patient, receiving online and collecting into a database feedback information from said patient describing a resultant outcome of receiving a proffered medical service from such service provider, wherein said information is made available online at least to other prospective patients.

55. An online computerized method as in claim 54 wherein said outcome feedback information is made available online to other prospective patients by posting said information online in association with said provider of such service.

56. An online computerized method for arranging delivery of personal medical services with provision of online general transaction feedback information from a treated

patient for future use in evaluating possible future bids for delivery of personal medical services, said method comprising:

registering at least one medical service provider;

posting online at least one proffered personal medical service in association with a registered provider of such service;

receiving online bids for such service as proffered by prospective patients of such service provider; and

after such service is provided to a prospective patient, receiving online and collecting into a database general transaction feedback information from said patient in the form of comments regarding such service provider, wherein said feedback information is made available online at least to other prospective patients.

57. An online computerized method as in claim 56 wherein said general transaction feedback information is made available online to other prospective patients by posting said information online in association with said provider of such service.

58. An online computerized method for arranging delivery of personal medical services at a price which can be adjusted in a pre-arranged manner if unexpected circumstances arise in the delivery of such services, said method comprising:

registering at least one medical service provider;

posting online at least one proffered personal medical service in association with a registered provider of such service;

receiving online bids for such service as proffered by prospective patients of such service provider for stated prices; and

after a provider accepts a bid price for such proffered service, if a different or altered service is required to be rendered in response to said bid, computing an adjusted bid price based on a relative value multiplier, wherein said relative value multiplier is based upon a conventional procedural CPT code Relative Value Scale.

59. An online computerized method as in claim 58 wherein said conventional procedural CPT code Relative Value Scale information is made available online to prospective patients.

60. An online computerized method as in claim 58 wherein said adjusted bid price scale information is made available online to a patient receiving such rendered service.

Claims 61-64 – cancelled without prejudice or disclaimer.

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(IX) **EVIDENCE APPENDIX**

None

HENLEY -- Serial No. 09/725,142

(X) **RELATED PROCEEDINGS APPENDIX**

None

HENLEY -- Serial No. 09/725,142

(XI) **ATTACHMENT – INVENTOR’S LETTER TO THE BOARD**

(a three page letter from Dr. Julian L. Henley is attached hereto)

Julian L. Henley, M.D.

Board Certified in Otolaryngology
Board Certified in Cosmetic Surgery

Education

Harvard University, BA
Albert Einstein Col of Med, MD
Harvard Medical School, SURG
University of California, SF, ORL
MIT, Biomed Engineering

Appointments

Clinical Teaching Staff,
Yale School of Medicine
Attending Yale New Haven Hosp.
Attending St. Raphaels Hospital
Director Research & Development
Advanced Phoretic Sciences
Director Research & Development
Medical Ionosonic Technologies

Honorary Societies

American Academy of
Otolaryngology
Fellow American Academy of
Facial Plastic Surgery
Fellow American Academy of
Cosmetic Surgery

Patents

Artificial Gill - Life Support
#3,901,780
Microwave Cancer Therapy
#4,378,806
Artificial Larynx Prosthesis
#4,439,872
Iontophoretic Drug Delivery
#5,160,316
Smokeless Cigarette
#5,331,979
Programmable Delivery of Drugs
#5,415,629
Fluid Filled Prosthesis Method
#5,534,023
Substance Dependency Rx System
#5,538,503
Suction Lipectomy Device
#5,569,178
Ionosonic Treatment Apparatus
#5,658,247
Ionosonic Drug Delivery Apparatus
#5,667,487
Ultrasonic Liposuction Handpiece
#5,823,990
Electromolecular Delivery of
Antiviral Agents #5,879,323
Ionosonic Drug Delivery Apparatus
#5,908,401
Immunotherapy of Sinus & Ear Diseases
#6,027,712
Iontophoretic Drug Delivery
#RE36,626
Electrokinetic Drug delivery
#RE38,000
Electrokinetic Drug delivery
#6,477,410
Network Enabled Medical Arbitration
Patent Pending
Bioshield - Patent Pending

October 19, 2006

U. S. Patent Office

Dear Members of the Board of Patent Appeals:

Thank you for taking a moment to hear/read my view of the technology I have been developing for the past 6 years. I wanted to provide a bit of an overview that is difficult to insert into the formal patent application that is critical to it's understanding. Escalating costs, inefficiencies and inaccessibility has plagued the American health care system. We are witnessing increasing numbers of uninsured folks now reaching levels close to \$50 million. Neither the regulatory government sector nor private sector have offered sweeping solutions to fix the current system that is spiraling out of control and projecting a near future Medicare financial crisis that will affect all of us at one time or another.

It remains unconscionable to derive profits and bonuses through denial of care to those that need it. Recent headlines reviewed the CEO of a large HMO with a salary and bonus benefit package in excess of \$520 million dollars for one individual. This excess comes at the cost of many patient being denied critical services. The fundamental issue remains that health care is isolated from normal market forces. Patients and providers have a vast gatekeeper between them. The HMO's make a profit if the patient dies quickly from a short illness and loses money if the doctors save a patient who now has multiple chronic problems.

The patient just wants to be empowered to make decisions about their health and they often pay substantial premiums to have access to good health care. The absence of market forces and direct price / quality negotiation by the patient on their own behalf is flagrantly absent from our health care system. It is not my object to render theories nor expound on the problems with health care but rather introduce a catalyst based on existing technology to begin a market driven change by providing a



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(2)

technology platform for direct pricing and quality pre-negotiation between the patient and provider of care.


Recent Administration supported development of HSA (Health Savings Accounts) is judiciously bringing the patient back into health care

negotiation and decision making process on their own behalf. With HSA the patient has reason to preserve value and control health costs. The industry is mainly interested in managing these pretax funds like their interest in IRAs. One aspect of this invention is to set up a plausible negotiation arbitration online engine which would optimize and preserve the value of the HSA for each patient who will be empowered to choose their physician and hospital based on their past performance/outcomes, their credentialing which has been verified and all these factors are made immediately available to the consumer at time of such online activity.

This system essentially allows the patient to purchase a "Health care event Option" that locks the given provider to providing the specific care, at a specified location, for a specific individual, within a specified time period. We provide the means to offer mal-occurrence insurance for each such event. Privacy issues are protected. The health service event will not occur (the option not exercised) unless both parties (doctor and patient) are in agreement as to proper medical indications for the optioned service.

At present there is nothing available that partners a technology web based arbitration engine for health care services along the lines described in the patent application. We are not claiming auction per se which has been in existence for thousands of years. Each of the components of our system exists in their own right in other financial markets. Auctions, online negotiation, bidding, options etc exist in brokerage markets, stock markets, and travel industry. The travel industry is a service industry not unlike health care, yet its numerous innovations for pricing negotiation have never been successful adapted to the health care system.

The adoption of methods, techniques, and technology from other industries remains a component of this invention and patent. The invention of health event option, credentialing transparency, outcomes database, privacy issues and number of other event-based technologies make possible the introduction of market forces to health care. I envision Medicare representatives negotiating the best possible price from a qualified provider on behalf of their beneficiary and paying for such a service with tax credits and co-pays. The beneficiary gets the service, the provider gets paid promptly with minimized administrative burden, and the taxpayer is protected by getting the best market price for such a needed service. The government benefits by minimizing their administrative and oversight burdens.



(3)

If such a system if allowed to flourish, it will introduce the badly needed market driven changes in our broken health care system. Investors behind such a system of change want to have some security in the early stages offered by a patent position.

I am eager to move this project forward as I believe it introduces numerous novel internet based mechanisms that have not been previously described. This is not an internet patent, nor a "once click patent". The vehicle of the internet is used here merely because of its universal accessibility. It is not an auction patent because variety of existing auction mechanisms including block auctions of CPT code clusters with their relative value multipliers can be sold or auctioned by the system I propose. Clusters of CPT code multipliers have never been described before and so readily performed on the system I outlined.

Not to be grandiose in my description (a flaw of inventors you may have witnessed before), but I am trying to construct the New York Stock Exchange (NYSE) of health services. The market will determine the price of a specific surgical operation performed by a specific doctor whose qualification and outcomes are fully transparent as our public companies should be. When the market determines the price of health services and not some arbitrary ill-defined three-legged system, we shall witness the necessary changes in health care accessibility and cost controls.

When all these components so adroitly dissected by the patent attorneys are put together into functional operation as an arbitration engine I believe it will prompt an evolutionary if not revolutionary impact on the inefficiency and costs plaguing existing health care system. I have not written a book advising how to change our broken health care system; I have instead build an engine of change with which people may travel on the way to health care system recovery. I hope you perceive my bird's eye view of the system I propose and the engine of change I have constructed. Please keep my vision in mind as you dissect and study the legal content of the appeal submitted. Thank you for this opportunity to speak my piece and be heard on paper.

Respectfully,
Julian Henley

A handwritten signature in black ink, appearing to read "Julian D. Henley". The signature is fluid and cursive, with a large, sweeping flourish at the end.